

Work Order ID 119375

Thursday, May 15, 2014 3:49:58 PM

649.5312

119375

Page 1

Item ID: 649.5312

B119375

Accept

N900040100

Setup Start *NS1*

Revision ID:

Stop *NS2*

Item Name: Breakaway Tip

Start Date: 5/15/14 Start Qty: 4.00

4

Cust Item ID:

Required Date: 5/15/14 Req'd Qty: 4.00

4

Customer:

Reference:

Approvals:

Process Plan: MLJ

Date: 14-05-21

Tooling:

Date: _____

Run Start *NR1*

QC:

Date: _____

SPC (Y/N):

Date: _____

Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
649.5300	C

100

0.00

100

BAND SAW

Bandsaw

Memo

0.00

Jeaspa/Bandsaw

Cut Blank at 8.700"

4 0 14/06/06

110

0.00

110

HAAS CNC VERTICAL MACHINING #1

HAAS 1

Memo

0.00

HAAS CNC vertical machine #1

1-Machine per folio FB220

DWG REV: C

FOLIO REV: AA

14/06/09

4 0 _____

2- deburr and break all sharp edges

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width:100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
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Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
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Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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Work Order ID 119375

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Page 2

Item ID: 649.5312 Accept ***N900040100*** Setup Start ***NS1***
 Revision ID: Stop ***NS2***
 Item Name: Breakaway Tip
 Start Date: 5/15/14 Start Qty: 4.00 ***4*** Cust Item ID:
 Required Date: 5/15/14 Req'd Qty: 4.00 ***4*** Customer:
 Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____ Run Start ***NR1***
 QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
120	QC2- Inspect parts off machine FAI/FAIB	0.00							
120									
QC	Memo	0.00				4	0		
Quality Control									
130	QC8- Inspect parts - second check	0.00							
130									
QC	Memo	0.00				4			2/4/6-9
Quality Control									
140	Outsource process-Anodize per QSI017 4.1.10.1	0.00							
140									
Outsource4	Memo	0.00							2/4/6/10 4
Outsource process - Anodize	Issue P/O to ATG : <u>24541</u>								
	1- Black Anodize as per Dwg 649.5300								
	2- PRIME AS PER DWG, SEE NOTE #2								
	Certification of Comformity is required								

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td style="width: 25%;">Skid-tube <input type="checkbox"/></td> <td style="width: 25%;">Crosstube <input type="checkbox"/></td> <td style="width: 25%;">Water Jet <input type="checkbox"/></td> <td style="width: 25%;">Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
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Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

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Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
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Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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Work Order ID 119375

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Page 3

Item ID: 649.5312 Accept ***N900040100*** Setup Start ***NS1***
 Revision ID: Stop ***NS2***
 Item Name: Breakaway Tip
 Start Date: 5/15/14 Start Qty: 4.00 ***4*** Cust Item ID:
 Required Date: 5/15/14 Req'd Qty: 4.00 ***4*** Customer:
 Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____ Run Start ***NR1***
 QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
150	Receive & Inspect for Damage & Mat'l Certs	0.00							
150									
Packaging	Memo	0.00							
Packaging									
155	QC5- Inspect part completeness to step on W/O	0.00							
155									
QC	Memo	0.00							
Quality Control									
180	Identify as per dwg & Stock Location: <u>CA</u>	0.00							
180									
Packaging	Memo	0.00							
Packaging	***IDENTIFY AS PER APICAL MPP-120 BY STAMPING P# AND REV***								

P-14/20 (4)

DAS
27
9-89
14/6/23

4

4x DAS 28 9-89 JUN 23 2014

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width:100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
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Doc/Data									
Equip/Tooling									
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Material									
Operator									
Offset/Setup									
Process									
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Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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Work Order ID 119375

Thursday, May 15, 2014 3:49:58 PM

119375

Page 4

Item ID: 649.5312

Accept

N900040100

Setup Start *NS1*

Revision ID:

Stop *NS2*

Item Name: Breakaway Tip

Start Date: 5/15/14 Start Qty: 4.00

4

Cust Item ID:

Required Date: 5/15/14 Req'd Qty: 4.00

4

Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Run Start *NR1*

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop *NR2*

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

190

QC21- Final Inspection - Work Order Release

0.00

100

QC

Memo

0.00

Quality Control

PLS 14-06-23

ME
14-6-23

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

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Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
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Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other _____ _____ _____
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Picklist Print

Thursday, May 15, 2014 3:50:02 PM

Page 1

Work Order ID: 119375

119375

Parent Item: 649.5312

649 5312

Parent Item Name: Breakaway Tip

Start Date: 5/15/14

Required Date: 5/15/14

Start Qty: 4.00

Required Qty: 4.00

Comments: IPP REV: A NEW ISSUE JFS 13/10/21 VERIFY BY: JLM

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M7075T6B2.000X00.75 0		Purchased	No			100	f	12.6660	0.725	4			

M7075T6B2 000X00 750

7075-T6 BAR 2.000' X 0.750"

Location

Loc Qty

Loc Code

MAT049

12.666

123555

0.666

M127736

12

2,958

JWP
14/06/06

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

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Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

APICAL

INDUSTRIES, INC.

ENGINEERING CHANGE NOTICE NO. 04057

SHEET 1 OF 1

DWG NO. 649.5300

REV: B

PREPARED
BY

D. PETERS

DATE: 08/13/13

EFFECT ON DWG
☒ INC. ☐ UNINC.

DWG TITLE: DEFLECTORS

APPROVED BY:

ENGR

[Signature]

MFG

[Signature]

QC

[Signature]

EFF:

NEXT ORDER

TRANSACTION CODES (TC):
A-ADD C-CREATE
R-REVISE D-DELETE

REASON: MARKED INSPECTION DIMENSIONS

ECR:

NONE

SHOP COPY
RETURN TO
ENGINEERING
UNCONTROLLED COPY
SUBJECT TO AMENDMENT
WITHOUT NOTICE
WORK ORDER
NO. 119375

MLJ
14-05-21

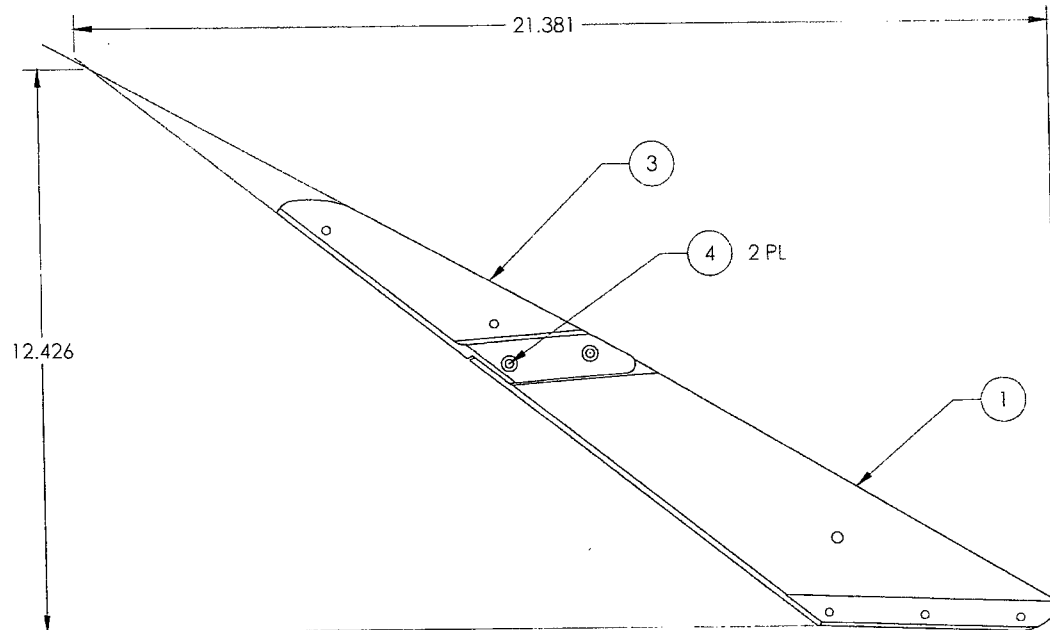
DOCUMENTS EFFECTED: ☐ RFMS ☐ MDL ☐ INSTALL INSTRUCTIONS ☐ ICA ☐ BOM

CHANGE CATEGORY
☐ MAJOR ☒ MINOR

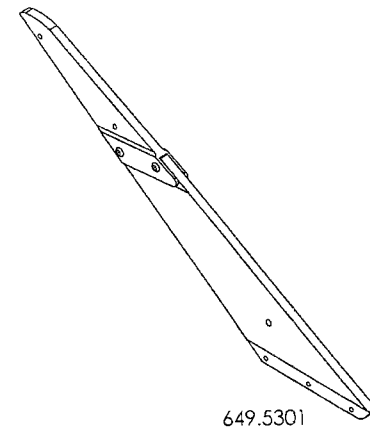
DER REVIEW REQUIRED
☐ YES ☒ NO

THE INFORMATION CONTAINED IN THIS DRAWING IS THE SOLE PROPERTY OF APICAL INDUSTRIES AND REPRODUCING IT IN ANY FORM OR BY ANY MEANS WITHOUT THE WRITTEN PERMISSION OF APICAL INDUSTRIES IS PROHIBITED.

- 1 MATERIAL: ALUMINUM 7075-T651 PER AMS-QQ-A-250/12
- 2 FINISH: HARD ANODIZE IAW MIL-A-8625 TYPE III, CLASS 2, COLOR BLACK;
PRE TREAT PRC-DESOTO PR-148 ADHESION PROMOTER;
PRIMER IAW MIL-P-23377J TYPE I CLASS N; 1-2 MIL MAX
- 3 DEBURR AND BREAK ALL SHARP EDGES
- 4 IDENTIFY IAW MPP-120
- 5 APPLY F/N 5 AS REQUIRED TO ALL FAYING SURFACES OF F/N 2 & 3 UPON ASSY

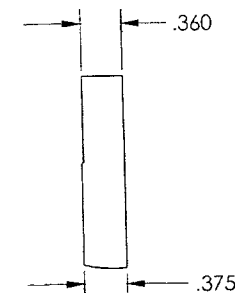
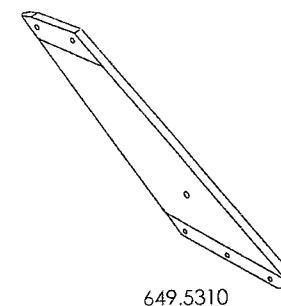


REV	DESCRIPTION	DATE	APPROVED
1	INITIAL TYPE RELEASE	12/06/11	P. BRADY
2	REVISION RELEASE	08/04/12	P. BRADY
3	INCORPORATED ECHS Q81: 5.0320 4140.03186	08/23/12	P. BRADY
4	INCORPORATED ECHS Q81: 5.0320 4140.03186	08/23/12	P. BRADY
5	INCORPORATED ECHS Q81: 5.0320 4140.03186	08/23/12	P. BRADY

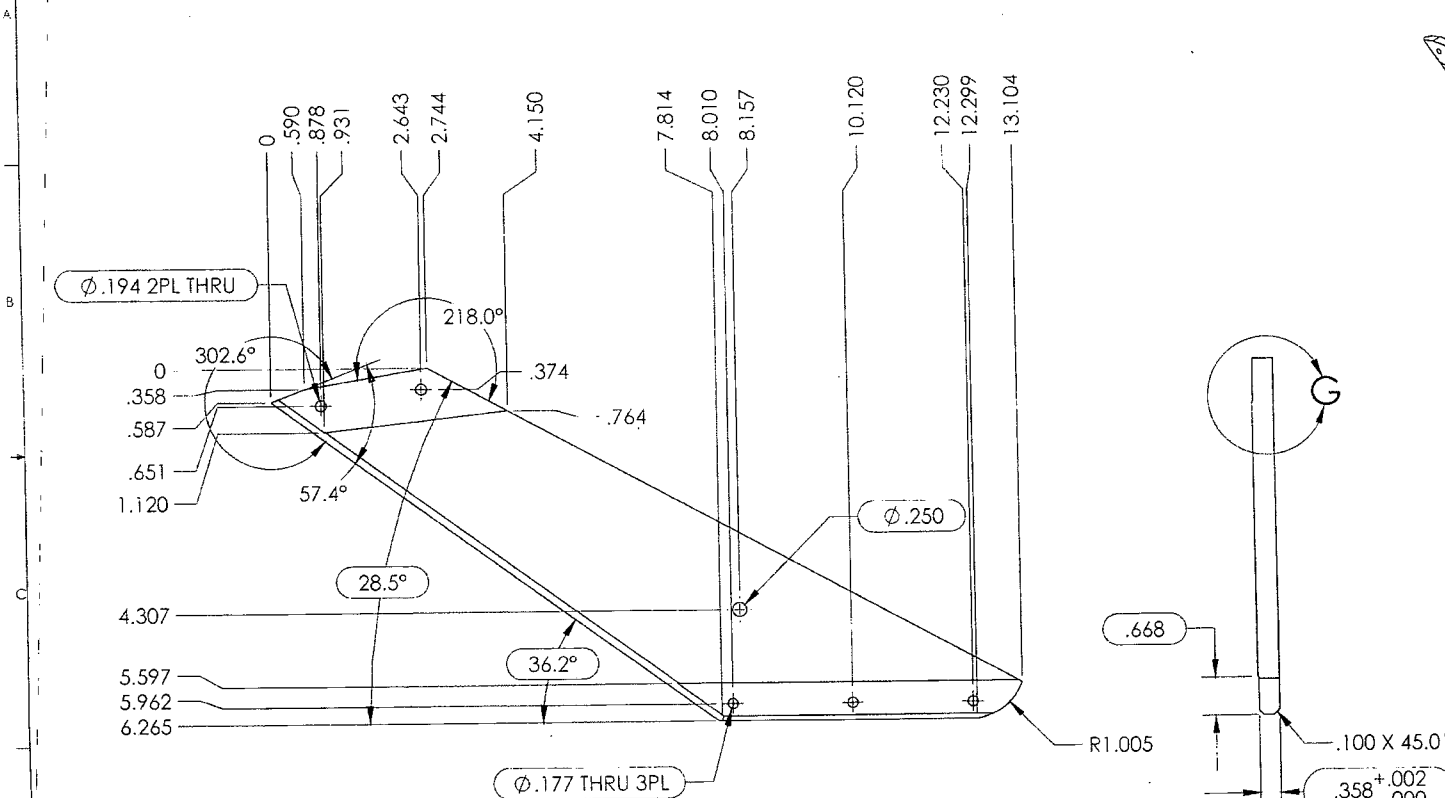


A/R	5	601.2045	RIV. LOCITE 598		1
2	4	601.3074	RIVET	MS20470AD6-12	
1	3	649.5312	BREAKAWAY TIP		1 2
	2	649.5311	UPPER DEFLECTOR		1 2
1	1	649.5310	LOWER DEFLECTOR		1 2
		649.5301	DEFLECTOR ASSY		
5301	FIND #	PART #	DESCRIPTION	MAT'L	SPEC.
QTY			PARTS LIST		
NEXT ASSY IS			APICAL INDUSTRIES		
649.4900			2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760) 724-5300		
			DEFLECTORS		
			SCALE: NONE		
			SHEET 1 OF 4		

THE INFORMATION CONTAINED IN THIS DRAWING IS THE SOLE PROPERTY OF APICAL INDUSTRIES AND IS NOT TO BE REPRODUCED IN ANY MANNER WITHOUT THE WRITTEN PERMISSION OF APICAL INDUSTRIES.



DETAIL G



APPROVED: _____ DATE: _____		APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760) 724-5300	
DRAWN BY: _____ A. CHAN	CHECKED BY: _____ P. BRAY	DEFLECTORS	
DIMENSIONS: _____ TOLERANCES: _____ FINISHES: _____		SCALE: NONE	SHEET 2 OF 4

THE INFORMATION CONTAINED IN THIS DRAWING IS THE SOLE PROPERTY OF APICAL INDUSTRIES AND REPRODUCTION IN PART OR WHOLE WITHOUT THE WRITTEN PERMISSION OF APICAL INDUSTRIES IS PROHIBITED

.13 X 45° 2PL

SECTION C-C

Ø .177 THRU 3 PL

.30 X 23.0°

R1.100

2.109±.002

4.219±.002

DETAIL A

.375

17.93

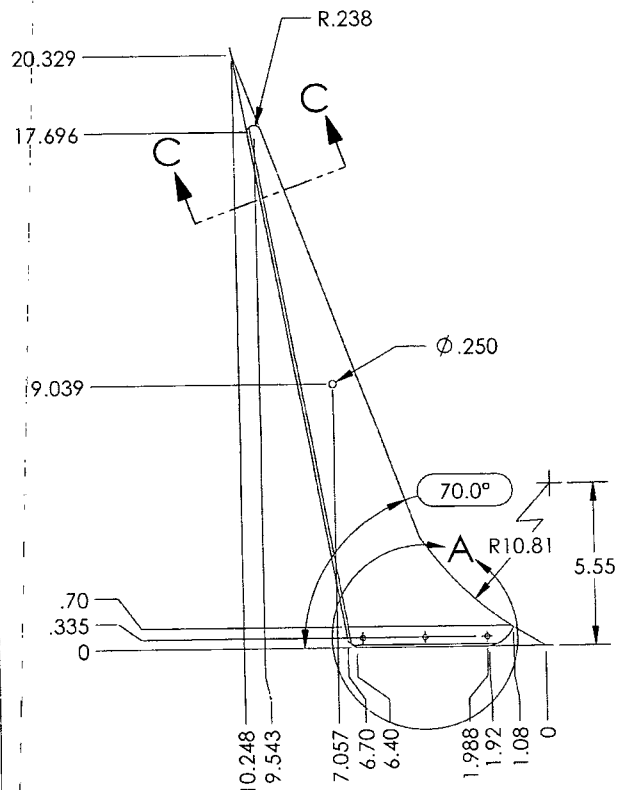
.701

.04 X 45.0° 2PL

.358^{+.000}_{-.002}

DETAIL B

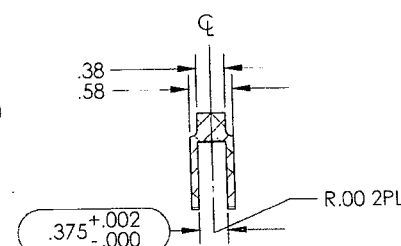
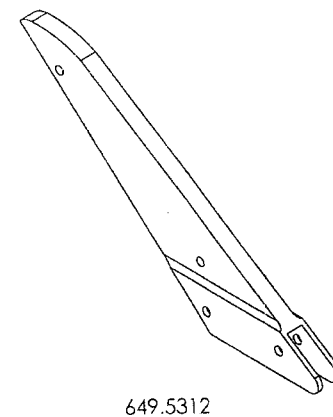
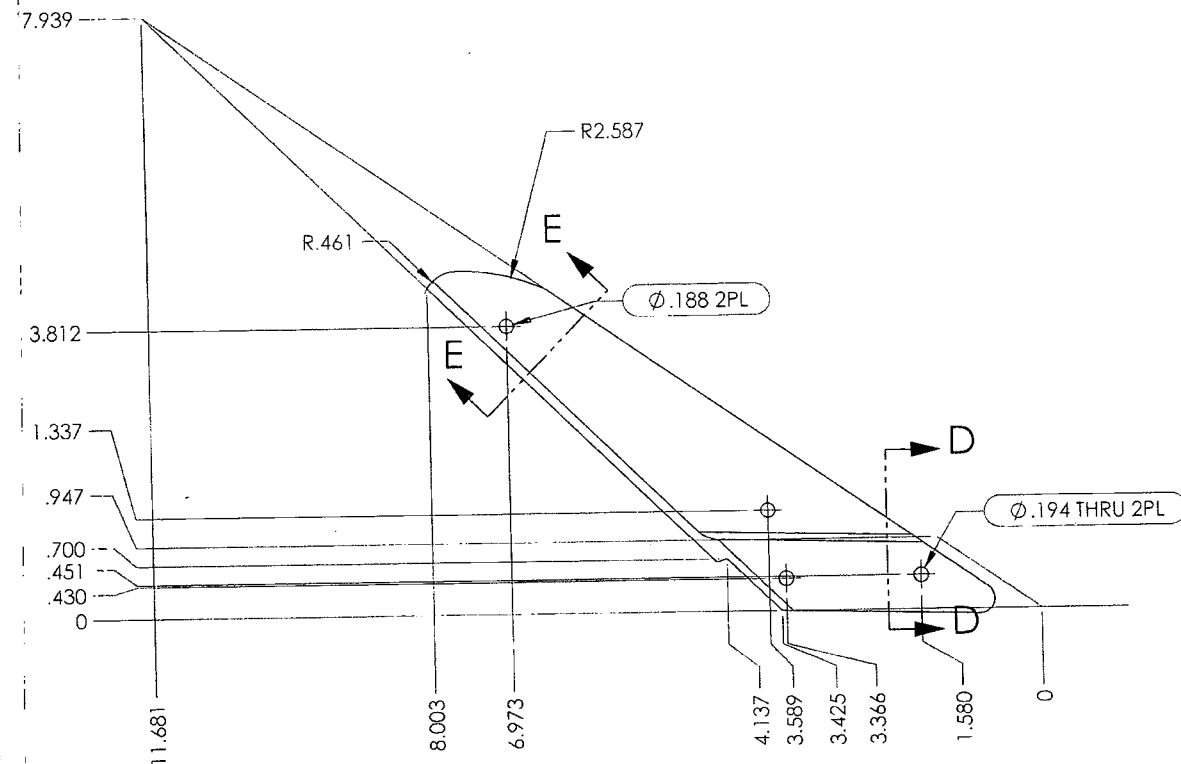
649.5311



ORIGINAL DATE (MM-DD-YY) (2006-11)		APICAL INDUSTRIES	
DRAWN BY A. OJAH		2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300	
CHECKED BY P. BRAVO		DEFLECTORS	
DRAWING APPROVAL P. BRAVO		SHEET NO. B 07/426	REV. C
CONTRACT NO.		ENG. NO. 649.5300	SHEET 3 OF 4
UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES TOLERANCES ARE: 2 PLACE DECIMALS ±.03 3 PLACE DECIMALS ±.010 ANGLES ±.5°		SCALE NONE	

ALL DIMENSIONS SHOWN IN THIS DRAWING ARE THE PROPERTY OF APICAL INDUSTRIES AND REPRODUCING IN PART OR WHOLE WITHOUT THE WRITTEN PERMISSION OF APICAL INDUSTRIES IS PROHIBITED.

13 X 45.0° 2PL
SECTION E-E



SECTION D-D

ORIGINAL DATE REV. DATE DRAWN BY A. GILBERT CHECKED BY P. BROWN DATE 10/1/10		APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA, 92056-3512 (760)724-5300	
DEFLECTORS		649.5300	
REV. NO. B 07/16	SCALE NONE	SHEET 4 OF 4	REV. C



A.T.G. Industries Inc.
731, rue Industrielle Rd.
PLATING DEPARTMENT
Rockland, On K4K 1T2
Canada
Ph: (613) 446-4544
Fax: (613) 446-4556

Pack List

Number: 63109

Date: 20-Jun-14

To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ship To

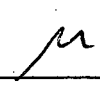
DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms		Ship Via	
Quantity	Description	Rev:	
1 lot	Part: ASST 12 PCS 646.9710 (14.50) 5 PCS 649.8310 (14.50) 6 PCS 646.9811 (32.60) 4 PCS 647.9412 (31.60) 4 PCS 649.5312 (10.70) 4 PCS 649.5310 (11.45) HARD ANODIZE BLACK MIL-A-8625 TYPE III CLASS 2 PRIME MIL-P-23377J TYPE I CLASS N PRICE IS PER PIECE Job: 20140381	PO: 24541 Line:	
Certificate of Conformance			
A.T.G. Industries certifies that all items in this shipment are in conformance with all requirements, specifications and drawings referenced in the purchase order.			
ISO 9001 : 2008 REGISTERED ATG SALES-2010 TERMS APPLY			
DATE : <u>20/6/14</u>			
CERTIFIED SIGNATURE : <u></u>			
RECEIVER SIGNATURE : _____			